

why we must continue to fund this important Agency.

It is my hope we can come together to pass the Shaheen-Mikulski Homeland Security appropriations bill. We should never play politics when it comes to protecting our homeland. That is why former Homeland Security Secretaries from the George W. Bush and Obama administrations have come together—Tom Ridge, Michael Chertoff and Janet Napolitano—and all agree on the need to pass a clean bill. Anyone who is watching C-SPAN and says, What is she talking about—a clean bill? Did it go through the laundry machine? This is a bill that focuses on what it is supposed to focus on, which is funding Homeland Security. It doesn't have other provisions in it that are better debated on other bills, that are comprehensive and focus on these issues. This bill should not have those kinds of things on it. This bill is about Homeland Security, and we shouldn't be shutting down our security over political fights.

As Senators, chief among our responsibilities is to do everything we can do to keep Americans safe. As a Senator from Minnesota, no job is more important to me than keeping our State and our country safe. I was a prosecutor for 8 years. I know how much this means to people. I deeply respect the work of the Department of Homeland Security and what they do every single day to protect us. Those workers deserve the best. The people of America deserve the best. That is why we have to pass this bill.

I urge my colleagues to pass the Shaheen-Mikulski bill without delay.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. MORAN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. GARDNER). Without objection, it is so ordered.

Mr. MORAN. Mr. President, I ask unanimous consent to address the Senate in morning business for such time as I may consume.

The PRESIDING OFFICER. Without objection, it is so ordered.

CHOICE ACT

Mr. MORAN. Mr. President, I am on the floor today to speak about an issue that I spoke about just a few days ago, the Choice Act.

Let me take my colleagues back in history just a few months, just to last year. I don't imagine any of us don't remember the scandal the Department of Veterans Affairs was facing—the stories across the country of fake waiting lists, of services not provided, of the potential death of veterans while waiting for those services to occur. I also would think that at least many of my

colleagues would agree that for much of the past few years the Senate hasn't done much of the business it was designed to do and that needed to be done in our country.

But I remember a day in August of 2014 in which the Senate and the House of Representatives were successful in passing a bill. It is somewhat embarrassing to me to be on the floor praising the accomplishment of a bill passage. It is a significant part of what should be the normal course of business of the Senate.

But those of us—and I would put all of my colleagues in this category who care about the service men and women who sacrificed for the benefit of their fellow countrymen and came home to a Department of Veterans Affairs that failed to meet their needs. I have indicated that since I came to Congress, both in the House and the Senate, I have served on the Veterans' Affairs Committee. This is an issue that we need to make certain we get right.

Just this week, in fact this morning, we passed a piece of legislation, the Clay Hunt Suicide Prevention for American Veterans Act. That is an accomplishment. I remember the testimony of the two mothers in the Veterans' Affairs Committee who came to talk to us about the importance of this legislation, their experience as mothers, and the death of their sons by suicide.

In the time that I have been in Congress, it is among the most compelling testimony I have ever heard. The part that sticks with me the most is the belief by these two mothers that had the Department of Veterans Affairs done their work, their sons would be alive. What that tells me is the decisions we make and those decisions as implemented by the Department of Veterans Affairs in some cases—in fact in many cases—are a matter of life and death.

We saw the scandal that came about last year. We know the decisions we make have huge consequences on veterans and their families. We rejoiced—at least I did—in the passage of the Choice Act, which gave veterans the opportunity to choose VA services, to choose health care to be provided in their hometowns by their hometown physicians and doctors.

The criteria that is set out in the Choice Act for that to occur is pretty straightforward. It says if you live more than 40 miles from a VA facility, you are entitled to have the VA provide the services at home, if that is what you want. It says that if those services can't be provided within 30 days of the time you need those services, then the VA shall provide those services at home if you choose. You can see the hospital, you can be admitted to the hospital of your choice, and you can be seen by the doctor of your choice.

That was actually something to rejoice about, to be excited about—that this Congress and this Senate came together and passed what I know to be a

very significant and important piece of legislation. It is important for the reasons that common sense tells us it is important—that a veteran who lives a long way from a VA hospital or a VA facility can now get services at home. A veteran who had to wait in line for too long could now get those services at home.

The other aspect of that is that the Department of Veterans Affairs has told us time and again about the inability to attract and retain the necessary health care providers, the doctors and others who provide services to our veterans.

So one way to improve that circumstance is to allow other health care providers, those in your hometown, to provide that service.

The Choice Act was a good measure for the Department of Veterans Affairs to meet its mandate to care for our veterans, and the Choice Act was a good measure for veterans who live long distances from a VA facility, especially in States such as mine and the Presiding Officer's, where it is a long way to a VA facility.

So I remember the moment in which that bill passed and was sent to the President. Finally something good has come. A bill has been passed. Something important to our veterans is occurring.

But the reality is the implementation of the Choice Act has created many problems and, in my view, the Department of Veterans Affairs is finding ways to make that implementation not advantageous to the veteran but self-serving to the Department.

This is what catches my attention today. We are reviewing the President's budget, and within that budget is this language:

In the coming months, the Administration will submit legislation to reallocate a portion of Veterans Choice Program funding to support essential investments in VA system priorities in a fiscally responsible, budget-neutral manner.

What the President's budget is telling us is that there is excess money within the Choice Act. We allocated money—emergency spending—to fund the Choice Act, and the President's budget is telling us: Well, we think there is too much money in there. We are going to submit legislation to reallocate that money to something we think is a higher priority.

I don't expect many of my colleagues to remember, but I was on the Senate floor last week talking about a specific problem in the implementation of the Choice Act, and it was this: The Department of Veterans Affairs shall provide services at home to a veteran who lives more than 40 miles from a facility.

Well, the problem I described last week is that the VA has determined that if there is an outpatient clinic within that 40 miles, even though it doesn't provide the services that the veteran needs, that veteran, he or she, must drive to the VA, wherever that is

located, and does not qualify for the at-home services.

Does this make any sense to any of us, that the VA says: Oh, there is an outpatient clinic within 40 miles of you, Mr. Veteran? Even though it doesn't provide the service that you need, we are still going to require you to drive to a VA hospital to receive those services and you don't qualify to go see your hometown doctor or be admitted to your hometown hospital.

Who would think—in fact, I admired Secretary McDonald in his early days at the Department in which he talked about how the VA is going to serve the veteran: The decisions we make at the VA will be directed at how do we best care for our veterans.

I respect Secretary McDonald for that attitude and approach, and I want the Department to follow his lead in accomplishing that mission.

But clearly deciding that a facility, even though it can't provide the service you need, precludes you from getting services at home makes no sense, and it certainly doesn't put the veteran at the forefront of what is in the best interest of a veteran.

So why would the Department of Veterans Affairs make that decision? We have a facility within 40 miles, but you don't qualify. So drive 3 or 4 hours to the VA hospital.

Well, one might think they have made the decision that we are going to enforce that aspect of the Choice Act. We are going to enforce the idea that you don't qualify because they don't have enough money to pay for those services. But, lo and behold, the President's budget says there is excess money that we now want to transfer to other priorities.

So, clearly, it is not funding issues. The Department is making decisions for some reason that makes absolutely no sense, defies common sense, and certainly doesn't put the veteran ahead of the Department of Veterans Affairs.

I don't know what the story is that these kinds of decisions would be made, but it certainly is worthy of the Senate to make certain the Department implements its moment of triumph, the Choice Act, in a way that benefits those we intended for the legislation to serve.

I will ask some questions of the Department, and I wonder about the attitude. I have been on task trying to get services provided closer to home for veterans for as long as I have been in Congress.

One of the other programs, aside from the Choice Act, is a program called ARCH for accessing services closer to home. There are pilot programs across the country to do that. One of them is in Kansas.

In an internal memo from Washington, DC, to a VA hospital in Kansas, the Department of Veterans Affairs indicated to the VA hospital in Kansas they could not promote, encourage or market the idea of a veteran seeking services at home.

So already I bring skepticism about the attitude at the Department of Veterans Affairs. For a long time they have been told not to encourage veterans to find health care outside the VA hospital, outside the VA outpatient clinic.

Here are a few questions. How do you reach the conclusion that there is excess money when the program is just now being implemented and, in fact, there has been a significant delay in getting the choice cards out to veterans so they could determine whether they were interested and qualified?

I also have learned that the Department of Veterans Affairs has intentionally narrowed the veteran population that is eligible for the choice program by rule, narrowing the number of medical procedures for which they will consider whether it can be performed outside the VA on the 30-day rule.

I didn't say that quite right. I didn't say it quite as well as I would like. But the VA already narrowed, by regulation, the services that might qualify for hometown services if it takes longer than 30 days to get those services.

The VA added an unnecessary reimbursement requirement. I am told now that if there is a third-party provider and you have some insurance, the VA is going to require that the veteran pay the copayment up front and then seek reimbursement from the Department of Veterans Affairs.

Of course, the fourth one is how can you reach the conclusion that a veteran, who needs colonoscopy—in my hometown, as I talked about last week, one must drive 3 or 4 hours to Wichita to the VA to get the colonoscopy because there is an outpatient clinic within 40 miles of my hometown, but the outpatient clinic doesn't provide colonoscopies.

Now we learn that it is not a matter of money. It has to be a matter of attitude, approach, and culture.

Just today, a few minutes before I came to the Senate floor to talk about this issue, I received an inquiry from a constituent who is a health care provider. What they indicated to me is their interest in providing services under the Choice Act. They have contacted the VA, pursued the opportunity to be a provider for that veteran population in rural Kansas, and they were told the rate of reimbursement would be something significantly less than Medicare.

The Choice Act says the Department of Veterans Affairs shall provide these services up to paying Medicare rates. The VA says if you are going to provide services to our veterans, we are only going to reimburse you at something significantly less. That is something this health care provider didn't believe they could make any money doing, but ultimately they concluded it was their responsibility to try to help veterans who lived in rural Kansas, and so they went back to the VA and said we are

willing to take less rates. Certainly let's negotiate and see if we can find something mutually agreeable between the VA and us to provide those services. They have yet to receive a return to their inquiry to the VA—again, trying to preclude a willing provider who is willing to provide services at less than cost. How can that be common sense? How can that be putting veterans ahead of the VA?

I look forward to working with my colleagues. I look forward to our Committee on Veterans' Affairs—a committee the Presiding Officer serves on—trying to make sure we get this right. I want to return to the day in August when the Senate passed the Choice Act and there was this feeling of accomplishment of something beneficial and useful.

If the VA continues to implement this bill—if it doesn't reverse course, if it doesn't put the veteran first, we will have missed another opportunity to care for the needs of those who served our country. What American would we expect to receive the best health care possible in this country? Well, of course, I want all Americans to receive quality health care at an affordable cost. But I would say there is no group of people for whom it is more important that they receive what is their due, what was committed to them, than those who served in our military and are now our Nation's veterans.

I represent a very rural State. The congressional district that I represented as a House Member is larger than the size of the State of Illinois. It has no VA hospital. How do you get to a VA hospital when you are a 92-year-old World War II veteran and the hospital is 4, 5, 6 hours away?

I thought we had finally come to a solution. I thought that earlier with the passage of legislation I introduced in the House that ultimately became the ARCH pilot program. While it gets rave reviews from veterans who are in those pilot program areas, it has not been expanded. It doesn't solve the country's rural needs.

Then I thought, well, a great day has occurred; we passed the Choice Act. But as I look at the implementation, as I look at the decisions being made today at the Department of Veterans Affairs, I have to wonder if one more time we are providing false hope, false promises to those who served our country. We owe them something different than what is occurring today.

I reaffirm my commitment to my colleagues, but also to the leadership of the Department of Veterans Affairs, to work closely, side-by-side, to make sure the choices made fit the reality of those who served our country in the circumstances they find themselves in today. Help those veterans who can't get the service because they can't get there. Help those veterans who need the services more quickly than the Department of Veterans Affairs can provide them.

This seems straightforward to me, but I raise this concern today to make

sure my colleagues and I are united in the effort to see that good things happen as a result of the passage of the Choice Act in 2014.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Ms. BALDWIN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from Wisconsin.

DEPARTMENT OF HOMELAND SECURITY FUNDING

Ms. BALDWIN. Mr. President, it is no secret we are living in dangerous times and that we face a variety of threats. We face the threat of ISIL, a barbaric and despicable terrorist organization. We face threats to the security of our personal information both online and in our daily life. We still face threats from Al Qaeda and rogue nations such as North Korea. With all of these ongoing threats to our Nation and its citizens, shouldn't our colleagues on the other side of the aisle want to work together in a bipartisan manner in order to fund the government agency responsible for protecting us from those threats?

Evidently they do not. Instead, they are playing a partisan game while threatening to shut down the Department of Homeland Security. They are playing politics with our homeland security. The vote the Senate just took relates to a bill that put partisan politics ahead of our national security while also needlessly creating another manufactured budget crisis, and that is why I voted no.

I understand our Republican colleagues have concerns about the President's Executive actions on immigration, and I believe there is a time and place for this body to debate those issues, as we have in the past and we must in the future. But to jeopardize our Nation's security by playing politics with this vital funding measure is extremely disappointing.

I would actually like to remind our colleagues that the President's actions on immigration reform devote even more resources to securing our Southwest border and to deporting felons, not families, and identifying threats to our national security.

The President's Executive action on immigration also provides certain undocumented immigrants temporary relief, after background checks and other security measures are passed, bringing families out of the shadows so they can work and pay taxes like everyone else.

I remain committed to finishing the job on bipartisan and comprehensive immigration reform here in Congress, but until we can achieve that goal, I support the President keeping his promise to take action and do what he legally can to fix our broken system.

Consistent with the actions by previous Presidents of both parties, President Obama is right to follow in the footsteps of every President since Eisenhower to address as much of this problem as he can through Executive action. The status quo is simply unacceptable.

In fact, the Congressional Budget Office—also known as the nonpartisan scorekeeper—recently found that including a reversal of these Executive orders in the homeland security funding bill would actually increase our deficit.

Instead of attaching these transparent attacks on the President, the Congress should pass a clean, straightforward, bipartisan bill. And there is such a bill. That bill was previously negotiated and it was just introduced by the vice chairwoman of the Committee on Appropriations, BARBARA MIKULSKI, and the ranking member of the Subcommittee on Homeland Security, Senator SHAHEEN.

As a new member of the Subcommittee on Homeland Security of the Committee on Appropriations, I am a strong supporter of the Mikulski-Shaheen bill because it would fund programs that are critical to our Nation and to my home State of Wisconsin. Their straightforward funding bill funds essential Departments such as the Coast Guard, which keeps the Great Lakes safe and open for business; and it funds FEMA grants, which have helped communities in western Wisconsin, for example, plan and prepare for floods; and it funds fire grants that help rural fire departments with equipment they could never afford through the proceeds of annual pancake breakfasts. These are critical assets that my constituents rely on, and putting them at risk is simply irresponsible.

It is time for our colleagues to drop this dangerous political stunt and to join with Democrats to pass a bipartisan bill that gives the Department of Homeland Security the resources it needs to keep Americans safe.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. BROWN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

HEALTH CARE

Mr. BROWN. Mr. President, today the House of Representatives held yet another vote—I think they are maybe up to 50-some—to repeal the Affordable Care Act, showing once again their objective is to dismantle the health care law. House Republicans voted to repeal the law. They like to say “repeal and replace,” but the “replace” doesn't ever really quite come forward.

Think what that would be like. It would take us back to the day when

children with preexisting conditions such as cancer or asthma could be turned away from health coverage. Let me illustrate.

Several months ago a couple came to my coffee, which I hold every Thursday when the Senate is in session. It is open to anyone from Ohio who wants to stop in. A woman came from Cincinnati. She lives in one of the most conservative parts of the State. We talked for a few minutes about home schooling and her desire to be able to get some support from the Federal Government in a variety of different ways for home schooling.

Then she said: I want to thank you for the Affordable Care Act.

I said: Certainly. I was proud to support it.

She said: You see, my son—and she pointed across the room. He was about 15. He was diagnosed with diabetes when he was 7 or 8 years old.

She hesitated. She said: I counted them, 33 times, we were turned down for health insurance because of his preexisting condition. We signed up last week for the Affordable Care Act.

So if the House's effort to repeal the Affordable Care Act had come to the Senate and become law, someone would have to explain to her why she loses her health care. Again, if this is repealed, insurers could place lifetime or annual caps on health coverage. We know that tens of thousands of people in this country have gotten sick and their insurance has been cancelled because their insurance was so expensive. That is prohibited under the Affordable Care Act. That would be back if we repealed the Affordable Care Act.

Seniors were forced to pay huge out-of-pocket costs when they hit the gap in prescription drug coverage known as the doughnut hole.

A decade ago, when I was a Member of the House of Representatives, I voted against that Medicare plan in part because it had this huge gap in coverage. So if you have an illness or a series of illnesses and buy a lot of prescription drugs, between the second thousandth dollar and the fifth thousandth dollar, there is a gap in coverage. In other words, you continue to pay the premiums for prescription drug coverage but get no assistance from the government. Under the Affordable Care Act, we have closed that gap. We have already cut it better than half, and over the next 3 or 4 years it will be eliminated entirely. We know the Affordable Care Act is working.

In my State, 100,000 young Ohioans, a little older than these pages, between the ages of 18 and 26, are on their parents' health insurance plans right now. They would be dropped from that coverage if the Affordable Care Act were repealed.

Ohio seniors have saved \$65 million in prescription drug costs by the closing of the coverage gap, the so-called doughnut hole. Those savings would end. Those with preexisting conditions would no longer be covered or would be